PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 100086.415		
FY 2008						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/714,556				Filad N	ovember 14, 2003	
For COMPOUNDS AND METHODS FOR MODULATING FUNCTIONS OF CLASSICAL CADHERINS						
Art Unit 1654			Examine Roy R. T			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a						
reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		<u>Fee</u>	Small Er	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$120	\$6	60	\$	
	Two months (37 CFR 1.17(a)(2))	\$460	\$2	30	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$5.	25	\$ <u>525</u>	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$8	20	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$11	15	\$	
	Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.					
		ne Director has already been authorized to charge fees in this application to a Deposit Account.				
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,					
	to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ☐ applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
☑ attorney or agent of record. Registration No. <u>42.676</u>						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34,						
	/Jeffrey Hundley/ June 20, 2008				2008	
	Signature			Date		
	Jeffrey Hundley, Ph.D., Patent Agent 206-622-49				100	
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

1188909_1.DDC